

THE NORTHWESTERN UNIVERSITY

# Reviewing Stand

EVANSTON, ILLINOIS

Illinois U Library

## **Should Our Government Provide Medical Care?**

A radio discussion over WGN and the Mutual Broadcasting System

DR. MORRIS FISHBEIN

Editor, Journal of the American Medical Association

ARTHUR J. GOLDBERG

General Counsel, C.I.O.

Moderator: ROBERT BUCHANAN

Director, The Reviewing Stand

Broadcast continuously since 1934 by Northwestern University



THE REVIEWING STAND is a weekly radio forum presented by Northwestern University. The program was first broadcast by Station WGN, Chicago, October 14, 1934. It has been on the air continuously since that time, originating in the WGN studios, and, since 1935, carried by the stations of the Mutual Broadcasting System. THE REVIEWING STAND presents members of the Northwestern University faculty and distinguished guests from business, government, education, and the press in round table discussions of contemporary problems—the questions that are in the news. The program is under the direction of James H. McBurney, Dean of the School of Speech, Northwestern University; Miss Myrtle Stahl, Director of Educational Programs, WGN, Chicago; R. E. Buchanan, Public Relations Director of Radio, Northwestern University; Mrs. Kathryn Johnson, Assistant Director, and Ed Keath, Assistant to the Director.

The Northwestern University Reviewing Stand, published weekly beginning May 2, 1943, by the Offices of the Director of Radio (Public Relations), Northwestern University, Evanston, Illinois. Application is pending at the Post Office of Evanston, Illinois for renewal as second class matter. Subscription price, \$1.00 for 16 weeks, \$2.00 for 32 weeks, \$2.50 for one year. Single copies, ten cents.



# Should Our Government Provide Medical Care?

MR. BUCHANAN: Should our government provide medical care?

DR. FISHBEIN: The government already provides a great deal of medical care for a great many people, including veterans, and also the tuberculous and the insane. But the question at issue is not whether the government shall provide *some* medical care, but whether *all* medical care shall be put under a nation-wide system of compulsory sickness insurance.

MR. GOLDBERG: Two out of every three Americans do not have adequate medical care. Six million C.I.O. members, 20 million members of their families, and 145 million American people want a national pre-paid insurance plan for medical care.

\* \* \*

MR. BUCHANAN: In the past year the people of America have been flooded with information, arguments, and articles on proposals that our government provide medical care. The plans have been called "socialized medicine", "compulsory health insurance", and other popular terms.

But whatever such a proposal is called, what is its real meaning and importance?

Dr. Fishbein, you say that our doctors are providing adequate medical care and that our doctors have a plan for medical care of our people. Do you think that plan would be adequate for our needs?

## AMA Proposes Plan

DR. FISHBEIN: I think that plan would go further toward providing the majority of the American people with high quality medical care than any other plan proposed.

Of course I first want to question Mr. Goldberg's statement that 145 million Americans are asking for this

plan. I think he took in a little too much territory there.

But the plan proposed by the physicians of the country through the American Medical Association is, first of all, the widest possible extension of public health services, since half of our counties do not have local health units. We favor increased construction of hospitals on a far greater scale than the government has now provided, simply because there was no construction of hospitals during the war. We believe that the government will do much more for the people of the country toward providing high quality medical care if it will aid the voluntary sickness insurance of the country and if it will properly aid the voluntary hospitalization plans now available.

MR. BUCHANAN: We have a question from Dr. Fishbein about your figures, Mr. Goldberg. And I would like to ask what you consider the plan that the government would propose and its effect on our people.

MR. GOLDBERG: First, perhaps, I should exclude from the 145 million Americans the few doctors who make up the hierarchy of the American Medical Association. That, I am willing to do.

## Murray Bill

Now the administration's plan is based upon the Murray Bill, Senate Bill No. 5, which provides a free-choice system, not a compulsory system, by which doctors and patients can choose each other, under a plan which permits every person in the United States, almost without exception, to have the benefit of medical services.

Today—and I base my figures upon A.M.A. statistics—at least two out of three, or perhaps a higher proportion, do not have the necessary medical services to meet their real needs.

DR. FISHBEIN: Mr. Goldberg is quoting from Mr. Ewing's interesting propaganda document called "The Nation's Health", in which Mr. Ewing says that 70 million Americans, living in families earning less than \$3,000 a year, cannot provide themselves with medical care. If that condition actually existed, we would have a revolution in this country, just as we would have if 70 million people were hungry at one time.

And again, of course, his figure about the hierarchy of the American Medical Association is taken directly from Mr. Ewing's statement as to why 180,000 doctors should tell 145 million Americans how to get their medical care. Mr. Hitler asked why 600,000 Jews should tell 60 million Germans how to live. Mr. Hitler just eliminated them. I don't imagine Mr. Goldberg would seek to get medical care for the Americans by eliminating the doctors.

MR. GOLDBERG: I don't intend to eliminate, nor do I propose—nor does anybody sensible propose—that the doctors be eliminated. We think that the great majority of the American doctors want to provide adequate health services for the American people. We don't think the present system permits that.

And, by the way, my figures are not Mr. Ewing's figures. My figures are based on the figures of the American Medical Association, which in 1939 stated in your *Journal*, Dr. Fishbein, that people earning \$3,000 or less could not afford serious medical treatment. If you adjust those figures to the present high cost of living, it means that people having an income of \$5,000 or less cannot afford adequate medical treatment. That takes in 80% of the American population. That is why the American people endorse President Truman's proposals, as made in the Democratic platform and as debated in this campaign, that we have a pre-paid national plan which will provide adequate medical services for all our people.

DR. FISHBEIN: If these people earning \$5,000 a year or less cannot at present provide themselves with medical care, addition of a payroll tax which will begin at 1½ per cent and gradually move up to 4 per cent on the payroll—4 per cent on the employer, and that means it is added to the cost of all consumer goods—and an additional contribution out of general taxes to meet the total bill for high quality medical care are not going to make those people any more able to pay for medical care than they are now.

MR. BUCHANAN: I want to get several things straightened out on this matter of "compulsory". As I see it, there seems to be disagreement on this matter. Mr. Goldberg mentions "compulsory" in that people would *not* be "compelled" to visit a certain doctor; while you, if I understand you correctly, Dr. Fishbein, use "compulsory" in that people *must* pay the government. Could you clear that up for me?

DR. FISHBEIN: Of course the people will have to pay. Any employed worker or any self-employed person will have to pay, whether he likes it or not, because it is a government tax. And I know Mr. Goldberg agrees that this is a tax.

Now, in the second place, we have 10 million people in the United States who do not believe in doctors at all. They will have to pay the tax, whether they use the doctors or not.

### Tax Totals 3%

MR. GOLDBERG: I think that is easily answerable. There *is* a tax provided in this bill. The tax is 1½% upon the employees and 1½% on the employers. That tax, however, is far less than what it would cost a person to buy insurance under any private plan. Moreover, the fact that some few people in the United States would not be willing to participate in this plan is no argument against it. We have a system of public education. It is the privilege of any American citizen—and should be the privilege of any



American citizen—to refrain from using the public educational facilities and to pay, if he wishes, for private facilities. That privilege is preserved under this bill.

**DR. FISHBEIN:** Of course, the attempt to compare sickness care with public education is another sophisticated argument that comes from the opposition. You must bear in mind that education of children in classes of 40 to 100 is an entirely different story from the kind of care a doctor gives an individual patient. This proposed plan would abolish the secrecy that exists at present as to the illness of the patient, would abolish the trust between the patient and his doctor. The law demands a vast amount of paper work with reports as to the patients who come, the number of visits they make. This paper work—which is the chief feature for instance, of the plan in England—would lower the quality of the medical service and deteriorate greatly the kind of service given to the majority of people.

**MR. BUCHANAN:** We seem to have skipped over the question still in my mind concerning the “compulsory” aspects of choosing or not being able to choose your own doctor. Mr. Goldberg, would you explain that to us?

### Patient Can Choose Doctor

**MR. GOLDBERG:** There is a specific provision in this bill which entirely preserves to the patient the right to choose his doctor and to the doctor the right to choose his patient. Moreover, there is also a specific provision in this bill which makes entirely confidential the case history of any patient so that the traditional confidence which the doctor and patient mutually exchange and which, I as a lawyer must respect, is preserved by this bill.

**DR. FISHBEIN:** That is one of the glittering promises among the innumerable promises made by the proponents of this legislation, a promise that is never kept and has never been kept where the government pays, because where the government pays the gov-

ernment wants to know.

Now as to the free choice of doctor, it is quite obvious that a doctor can handle only a certain number of people. It is quite obvious that, if the vast majority of the people choose the best doctor or the most widely-known doctor in the community, sooner or later that doctor gets to the point where he can take on no more work. There is a complete shift in the distribution of patients between doctors, simply because the doctor cannot take on more work, and frequently the patient prefers that doctor to the one he already has.

**MR. GOLDBERG:** Now may I point out that, under our present private system, a patient really has no choice at all. He cannot choose a doctor who is much in demand by higher paying private patients. A poor, a working patient cannot afford to choose the doctor that Dr. Fishbein refers to.

### Doctor and Patient

**DR. FISHBEIN:** Mr. Goldberg, I challenge that, of course, because all I would do would be to ask the people who are listening to ask themselves whether or not they find themselves unable to get a doctor whom they want.

Probably I am more closely familiar with the distribution of medical practice in this country than almost anyone else because the information centers in our headquarters office. I happen to have a considerable number of relatives who are actually in the practice of medicine, and I know the kind of people they treat and whom they see. I think you will find that the average American doctor responds very gladly nowadays to any call that comes to him to see a patient.

**MR. GOLDBERG:** Statistics of the A.M.A. demonstrate that the average American has no free choice because he is medically indigent. He is medically indigent because he is unable to get the medical care he needs to provide the services he requires in any serious ailment. And that is not true of only the economically indigent. That is true of the men and women who work

for a living and their children, because their budget, under present economic circumstances, does not permit the purchase of the medical care that they require for themselves.

### Cost of Medical Care

DR. FISHBEIN: Mr. Goldberg, I have to mention, and, of course, I think you will have to agree, that the average American exercises priority in the manner in which he spends his money. A great many Americans are home-indigent at the present time because they can't find places to live; a great many Americans are motor car-indigent because they can't get motor cars; and a great many Americans are indigent in the matter of tobacco, and entertainment, and a great many other things. Granted—and I think this is true—that we have in the United States the highest standard of living of any nation in the world, it should be obvious that the vast majority of our people can get doctors when they want them and when they are willing to meet an ordinary bill. And doctors *do* adjust their bills to a patient's ability to pay.

MR. GOLDBERG: Mr. Buchanan, that observation of Dr. Fishbein's is just not true. The average American would like to meet his medical responsibilities, but he finds that, under his ordinary family budget, he cannot do that. If there is a serious medical drain on him, the family is bankrupt. Now, I do not take it that Dr. Fishbein is suggesting that the average American should do without tobacco or without the ordinary amenities of life. The thing that makes our system great, as contrary to any other system in the world, is that we have the basis in this country for a high standard of living. That is what we want, that is what we are striving for.

MR. BUCHANAN: It seems to me we are dealing now quite definitely with background. I would like to turn specifically to a bill which might be presented to Congress. For instance, what people would be covered, how

much would the tax be, and just what would the government provide?

MR. GOLDBERG: Virtually every employed, every self-employed, and every indigent American would be taken care of by the bill which is before the Congress. That means, I think, approximately 125 or 130 million Americans would be provided with a prepaid medical plan that would take care of their serious needs. That means we could cope with the national health problem of this country.

The plan would be financed by a national payroll tax of  $1\frac{1}{2}\%$  upon employers and  $1\frac{1}{2}\%$  upon employees—a 3% total tax. That would provide the financial basis for an adequate national plan with decentralized authorities in the states and local communities, with the cooperation—I hope—of the medical profession, to administer this bill in a traditional American way, namely the local communities cooperating for the national interest.

### Scope of Plan

DR. FISHBEIN: Mr. Goldberg has quoted these figures very glibly and much in the manner in which they are quoted by other proponents of compulsory sickness insurance. Of course he knows as well as I that  $1\frac{1}{2}\%$  on the payroll and  $1\frac{1}{2}\%$  from the employer could not possibly provide 135 million Americans with adequate medical care.

The proudest thing we have, the thing of which the medical profession is most proud in the United States is the high quality of medical education and medical service in this country. Now, estimates by some of the best economists who deal with hospital and medical figures indicate that the cost of providing 135 million people with fairly adequate medical care—not completely adequate medical care—would vary from 8 to 14 billion dollars a year. A  $1\frac{1}{2}\%$  tax on the payroll would not even begin to approximate a figure of that type.

Today 80 million Americans are voluntarily insured with life insurance. Nobody made them buy it. Fifty-two



million Americans are voluntarily insured against the cost of hospitalization. Nobody made them buy it. Twenty-six million Americans are insured against surgical costs. And nobody made them buy that. We have in the United States, as a democracy, the voluntary way of assuming our responsibilities.

MR. BUCHANAN: I would like to divide your particular argument, Dr. Fishbein, into its two components: first, the cost of compulsory insurance, if we are to have it; and, second, the possibility of private insurance filling the need. First, on the cost, do you disagree with Dr. Fishbein's statement, Mr. Goldberg?

### Veterans Included?

MR. GOLDBERG: I do emphatically! I think Dr. Fishbein has included in his figures all the cost of providing medical care to our veterans, for example, and to other groups in our population that are provided for by separate plans.

DR. FISHBEIN: Just a moment, *you* would include the veterans, would you not?

MR. GOLDBERG: Obviously the veterans have to be included. But the veteran cost is a separate cost that the American public recognizes as an obligation we owe our veterans.

DR. FISHBEIN: And the veteran would be excluded from paying his payroll tax?

MR. GOLDBERG: He obviously should be.

DR. FISHBEIN: But would he be under the Act?

MR. GOLDBERG: Yes, I think he would be.

DR. FISHBEIN: There is nothing in the Act that excludes employed veterans from paying the tax.

MR. GOLDBERG: *Employed* veterans are a different thing. Employed veterans take their place—and proudly take their place, as I do as an employed veteran—in the American system.

DR. FISHBEIN: You recognize that 85% of the patients in veterans hospitals today are there for non-service connected disabilities and that all of them have signed a statement to the effect that they cannot pay the cost.

MR. GOLDBERG: But, Dr. Fishbein, they are not *employed* veterans.

The total estimated cost under this bill is approximately 3 to 4 billion dollars. That is the amount now being expended for medical care in the United States.

DR. FISHBEIN: I would challenge your figures, of course.

MR. GOLDBERG: Of course. I would challenge yours.

With the amount now being paid we could provide far better facilities and far better treatment to the American people. That is what this bill provides.

### Importance of Employment

MR. BUCHANAN: Let me ask you about this matter of employment. Would anyone who is unemployed be eligible to benefit under such an act?

DR. FISHBEIN: He would have to be paid for out of the Social Security Board pool, and he would then be cared for as an indigent and not as an employed person entitled to a certain amount of medical service under the act.

I may say, incidentally, that today in the United States there are several areas of inadequate medical service which all of us recognize. I think all of us agree that the Negroes in the United States, perhaps 10 million of them, receive very inadequate and poor medical care. They are all cared for by a variety of plans, and, of course, the hospitalization for Negroes is far below anything resembling hospitalization for the Whites.

Now, second, in the United States we have 11 million people more than 65 years of age, and under the old age pension plan 2½ million of those people receive an average of \$19.60 a month. Obviously an old person with \$19.60 cannot buy food, fuel, clothing,

and shelter, and certainly not medical and dental care.

**MR. GOLDBERG:** It is very interesting to me to see an official of the A.M.A. display a solicitude about Negroes. The A.M.A. does not admit Negro doctors.

**DR. FISHBEIN:** That is an untrue statement. I have to challenge that!

**MR. GOLDBERG:** It is true!

### Negro Representation

**DR. FISHBEIN:** Right here in Chicago there are 30 Negro doctors who are members of the Chicago Medical Society, the Cook County and the American Medical Associations. In the South some of the medical societies do not admit Negroes. You have made a strong statement relative to A.M.A. which is certainly not in any way defensible by evidence!

**MR. GOLDBERG:** I do not regard token representation in the A.M.A. to be real representation. Negro doctors and Negro patients are discriminated against in American hospitals and by the hierarchy of the A.M.A.

**MR. BUCHANAN:** I think that applies here only indirectly.

I would like to move to your former suggestion, Dr. Fishbein, that the insurance now carried by many people in the United States is sufficient and that this type of insurance, if it were spread more widely, would eliminate the need for a medical care bill.

**DR. FISHBEIN:** A considerable number of the most ardent proponents of that bill have said to me that, if voluntary hospitalization insurance reached 80 to 90 million, the medical care problem for the nation would be practically solved; and that, if we extend and add to that on a national level the Blue Shield Plan, which now covers approximately 26 million people insured against catastrophic costs and the 9 million insured against all costs, unquestionably this nation would not require any new system which would put the United States government and its

new bureaucracy in complete control of the medical care of the American people.

**MR. GOLDBERG:** Mr. Buchanan, I think it is interesting to note that until 1934 the American Medical Association opposed the Blue Cross plan. It is also interesting to note that at the meeting of the board of delegates of the American Medical Association, held a few months ago, the American Medical Association hierarchy—I emphasize hierarchy because I don't think . . .

### Hierarchy?

**DR. FISHBEIN:** Did you ever hear of the C.I.O. hierarchy?

**MR. GOLDBERG:** . . . it meets with the support of the majority—opposed a national Blue Shield-Blue Cross plan proposed by Dr. Hawley, the former head of the medical service of the Veterans Association. This plan proposed a national voluntary amalgamation of medical and hospitalization services. Now I can't jibe Dr. Fishbein's statement about a national voluntary plan with Blue Cross and Blue Shield in light of the action taken by his own house of delegates against those plans.

**DR. FISHBEIN:** I would like to bring Mr. Goldberg right up to date. In the first place, in 1934 the A.M.A. opposed hospitalization insurance as then proposed because there was no guarantee to the people that they would receive under those plans what was promised. There has been a vast modification of those plans. There have been laws passed in most of the states regulating that type of insurance. And so, once these plans were capable of delivering what they promised, the American Medical Association supported them in full.

Now, as to the action taken in St. Louis—and in order to bring Mr. Goldberg right up to date—as late as yesterday there was a conference between representatives of Blue Cross, Blue Shield, and the representatives of the council on medical service of



the American Medical Association. And I can assure Mr. Goldberg that within this year there will be a complete system for national enrollment for voluntary sickness insurance, and national policies for voluntary hospitalization insurance. To go back and to quote what happened in 1934 is to point out that union labor in 1934 was a little different from union labor since the passage of the Taft-Hartley Act, and that union labor is now again working on changes. And, unless we recognize progress and change, we will never go ahead.

MR. GOLDBERG: Mr. Buchanan, the unfortunate thing is that the doctors, as represented by their hierarchy, are not represented by their own convictions. They are always Johnnys-come-lately. I am referring to an official action taken by the A.M.A. a few months ago in which it rejected Dr. Hawley's proposal.

### Blue Shield, Blue Cross

DR. FISHBEIN: You have read the minutes of that action?

MR. GOLDBERG: Yes.

DR. FISHBEIN: Do you have them with you?

MR. GOLDBERG: Yes I have, and the minutes indicate that you did not approve the Blue Shield Plan.

DR. FISHBEIN: That isn't true! What we did not approve was a single national insurance company to administer Blue Shield, but we did approve a national enrollment plan with a policy interchangeable in all the states.

MR. GOLDBERG: Our national problem can only be met in a national way by adequate national safeguards and adequate national protection.

DR. FISHBEIN: You don't use the word *government*?

MR. GOLDBERG: I use the word, *government*, now because I think it has been demonstrated by your own statements that the doctors, as represented by your governing group, cannot provide the medical needs of all the American

people. The only way it can be provided is by sponsorship of the national government.

DR. FISHBEIN: Of course, the doctors' plan, which is a highly constructive plan and which is going right ahead regardless of all the glittering promises of all of these various agencies, will insure a wide coverage of the people of the United States, will provide maternal and child health care, will provide public health units, will aid in the construction and establishment of hospitals and health centers, will educate vast numbers of young men in delivering a high quality of medical service, will provide more doctors in proportion to people than exists in any other nation in the world. That is a continuing, constructive work. We are not selling promises; we are providing action and giving service.

### AMA and Government

MR. GOLDBERG: Dr. Fishbein says that the medical profession welcomes the extension of medical facilities. Actually the American Medical Association has opposed government help to enlarge medical institutions so that we will have more doctors. Why is that?

DR. FISHBEIN: That is not true! The statement is absolutely untrue! All that the American Medical Association has opposed for medical schools is government grants with strings attached. We believe that it would be the downfall of democracy the moment the government attempts to tell *who* shall be taught and *what* shall be taught.

MR. GOLDBERG: But the government does not propose to do that. The government proposes to enlarge the medical facilities of the United States so that we do not have a repetition of what happened during the last war, namely that 40% of all selectees were rejected for medical deficiencies. I think that is a national scandal.

DR. FISHBEIN: They have counted those rejected selectees, each one, five times! They have counted the same person each time he was rejected.

MR. BUCHANAN: What do you see in the future for medical care of the United States, Dr. Fishbein?

DR. FISHBEIN: I see a continuous growth of medical progress, provided that medicine can remain free. I see the continuation of initiative. I see the spread of voluntary systems, and I see, within a reasonably short time, a continuation of the best medical system in the world.

MR. GOLDBERG: I see this statement in *The American Catholic Sociological Review* which I quote: "America's health is everybody's problem: the doctors, the hospitals, the governments, the labor unions, and the scientists. When all these groups understand what the facts about the nation's health are, when they recognize the way in which our society has disregarded the dignity of men in the field of health, the people of the United States will introduce a health

program to give every man and woman an opportunity to live in a manner worthy of his dignity as a child of God."

MR. BUCHANAN: Your arguments, gentlemen, have certainly been diverse and pointed.

Mr. Goldberg, in approving federal health insurance, claims that it will provide better medical care for Americans in a manner compatible with our way of life, that such a plan is economically and socially feasible, and that similar plans have been successful elsewhere.

While Dr. Fishbein, on the other hand, counters with arguments against each of these points and believes that we can get better medical care with the government playing the part that he thinks suitable to the people of a democratic nation.

All of these arguments may be considered by Congress in the near future, and certainly that action is important to all of us.



Have you read these Reviewing Stand transcripts?

**Should We Have Federal Aid For Education?**

Vol. 11, No. 13

**How Much Does Worry Affect Our Lives?**

Vol. 11, No. 23

Available for 10 cents each in coin



# Suggested Readings



Compiled by Laura R. Joost, Assistant,  
Reference Department, Deering  
Library, Northwestern University



BACHMAN, GEORGE W. and MIRIAM, LEWIS *The Issue of Compulsory Health Insurance*. Washington, D.C., Brookings Institution.

After a survey of health conditions in the U.S., these investigators recommend that individuals be allowed freedom in making their own provision for medical care, as at present, and that federal grants-in-aid be made to the states to assure adequate medical care for those unable to pay.

BAUER, L. H. *Private Enterprise or Government in Medicine*. Springfield, Ill., C. C. Thomas, 1948.

An attempt to show that the medical profession is making an intensive effort to solve medical problems and that destruction of private enterprise in this field might lead to government control in other fields.

MALMBERG, CARL *140 Million Patients*. New York, Reynal and Hitchcock, 1948.

Convincing arguments for the need and desirability of a national health insurance program.

PETERS, CLARENCE A. *Free Medical Care*. New York, H. W. Wilson Co., 1946. (The Reference Shelf, Vol. 19, No. 3)

Discussions, with bibliographies appended, centered around the debate topic: "Resolved that the federal government should provide a system of complete medical care available to all citizens at public expense."

U.S. Congress. Senate. 81st Congress, 1st Session. 25: *A Bill to Provide a National Health Insurance and Public Health Program*. 1949. (Some copies available through requests to Congressmen)

The national health insurance bill (introduced into the Senate on January 5, 1949) which has the backing of the administration.

U.S. Congress. Senate. 80th Congress, 1st Session. 21320: *A Bill to Provide a National Insurance and Public Health Program*. 1947.

National health insurance bill introduced and discussed in the 80th Congress. *American Scholar* 16:87-103, Dec. '46. "Can Government Practice Good Medicine: Government Can Practice Good Medicine"; by CYRIL SOLOMON; "The Need for a Free Profession", by J. E. BRYAN; "Adequate Medical Care for the Community", by I. O. WOODRUFF: Rebuttals.

Arguments for and against socialized medicine.

*Christian Science Monitor Magazine* p. 4, Dec. 18, '48. "Small Business and Health." E. WIMMER.

Expressing the ideas of the National Federation of Small Business, Inc., Mr. Wimmer advocates federal spending toward adequate housing rather than for socialized medicine.

*Hygeia* 26:781, Nov. '48. "Nation's Health; Government Controlled Medical Service vs. Voluntary Systems of Insurance". M. FISHBEIN.

Using Great Britain as an example, Dr. Fishbein argues that the U.S. does not need socialized medicine and that instead the American people should continue to support voluntary systems of hospitalization and sickness insurance.

U. OF L  
LIBRARY

*New Republic* 118:15-19, May 3, '48. "State of Nation's Health". C. MALMBERG.

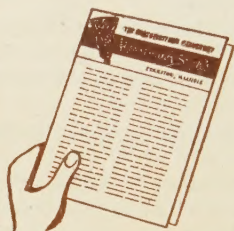
Why Americans need a health plan which includes everybody and why only a federal health plan will satisfy this need.

*Newsweek* 32:46, Sept. 13, '48. "U.S. Health Program".

Short summary of the national health program proposed by Mr. Ewing for the administration.

*Survey* 84:185-87, June, '48. "Essentials for National Health". OSCAR R. EWING.

Discusses the essentials of an adequate health program for our nation.



## Have You Read These Reviewing Stand Transcripts?

List of all available Reviewing Stand  
discussions on request

### Volume XI of THE REVIEWING STAND

- |   |  |
|---|--|
| 14. The Berlin Crisis.                              | 21. Can Our Economy Stand Another Wage Increase? |
| 15. How Important Is the Electoral College?         | 22. How Can We Avoid a Depression?               |
| 16. The United Nations and the Cold War.            | 23. How Much Does Worry Affect Our Lives?        |
| 17. Do You Feel Your Age?                           | 24. What Does China Face in the Future?          |
| 18. What's Happening in Southern Europe?            | 25. Christianity After 1948 Years.               |
| 19. What Can We Expect from the New Administration? | 26. What's Ahead for Congress in 1949?           |

### Volume XII of THE REVIEWING STAND

- |  |   |
|--|---|
| 1. Un-American Investigations—Red Herring or Needed Service? | 3. What Is America Reading?                 |
| 2. Should We Change Our Economic System?                     | 4. Do Cooperatives Endanger Other Business? |

### THE REVIEWING STAND

Northwestern University  
Evanston, Illinois

- ☐ I enclose \$1 for a 16-week subscription  
☐ I enclose \$2 for a 32-week subscription  
☐ I enclose \$2.50 for a 52-week subscription  
 (Single copies are available at 10 cents each.)

Name .....

Address .....

City ..... State .....